2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005598

FILED Jul 07, 2008 Secretary of State

Entity Name: EDGAR T. CATO FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
EXUMA	ROAD 30, FL 33037 US		
Current Mailing Address:		New Mailing Address:	
STE 425	HN J DELANEY DR TTE, NC 28277		
n accordar	r: 65-0450989 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:	
CATO, ED EXUMA (EY LAR)			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:		
	Electronic Signature of Registered A	Agent Date	
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: ame: ddress: ity-St-Zip:	D () Delete CATO, EDGAR T 1 EXUMA ROAD KEY LARGO, FL 33037 US	Title: () Change () Addition Name: Address: City-St-Zip:	
itle: lame: ddress: :ity-St-Zip:	VD () Delete CATO, CHRISTINE A 15720 JOHN J DELANEY DR STE 425 CHARLOTTE, NC 28277 US	Title: () Change () Addition Name: Address: City-St-Zip:	
itle: lame: .ddress: city-St-Zip:	VD () Delete CATO, EDGAR T III 15720 JOHN J DELANEY DR STE 425 CHARLOTTE, NC 28277	Title: () Change () Addition Name: Address: City-St-Zip:	
aty-ot-zip.	PD () Delete	Title: () Change () Addition	
itle: lame: ddress: ity-St-Zip:	CANNON, THOMAS R 301 S COLLEGE STREET CHARLOTTE, NC 28202	Name: Address: City-St-Zip:	
itle: ame: ddress:	CANNON, THOMAS R 301 S COLLEGE STREET	Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY E JOHNSON T 07/07/2008